

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

AMERICAN FUTURE FUND

(b) Address (number and street)

4225 FLEUR DRIVE #142

☐ check if different than previously reported

(c) City, State and ZIP Code

DES MOINES

IA

50321

(d) Name of Employer or Principal Place of Business

Self-Employed

(e) Occupation

Farmer

### 2. FEC Identification Number

C C30001028

### 3. Is This Statement

☐

New

or

☒

Amended

### 4. Covering Period

M M / D D / Y Y Y Y  
0 9 / 2 7 / 2 0 1 0

through

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

### 5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 1 0

(b) Communication Title VOTE

### 6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_

### 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

### 8. Custodian of Records

(a) Name

Sandy Greiner

(b) Address (number and street)

4225 Fleur Drive #142

(c) City, State and ZIP Code

Des Moines

IA

50321

(d) Name of Employer or Principal Place of Business

Self-Employed

(e) Occupation

Farmer

### 9. Total Donations This Statement

.00

### 10. Total Disbursements/Obligations This Statement

215566.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Sandy Greiner

SIGNATURE Electronically Filed by Sandy Greiner

DATE 03/03/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

**List of Person(s) Sharing/Exercising Control**

(use additional pages as necessary)

**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	(a) Name Sandy Greiner	<b>Transaction ID : F91.000001</b>	
	(b) Address (number and street) 4225 Fleur Drive #142		
	(c) City, State and Zip Code Des Moines IA 50321		
	(d) Name of Employer or Principal Place of Business Self-Employed	(e) Occupation Farmer	
<b>B.</b>	(a) Name Barbara Smeltzer	<b>Transaction ID : F91.000002</b>	
	(b) Address (number and street) 4225 Fleur Drive #142		
	(c) City, State and Zip Code Des Moines IA 50321		
	(d) Name of Employer or Principal Place of Business University of Dubuque	(e) Occupation Student Advisor	
<b>C.</b>	(a) Name Cord Overton	<b>Transaction ID : F91.000003</b>	
	(b) Address (number and street) 4225 Fleur Drive #142		
	(c) City, State and Zip Code Des Moines IA 50321		
	(d) Name of Employer or Principal Place of Business NA	(e) Occupation Student	
<b>D.</b>	(a) Name Katherine Polking	<b>Transaction ID : F91.000004</b>	
	(b) Address (number and street) 4225 Fleur Drive #142		
	(c) City, State and Zip Code Des Moines IA 50321		
	(d) Name of Employer or Principal Place of Business NA	(e) Occupation Student	

**SCHEDULE 9-B****Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services <hr/> Mailing Address of Payee 600 Fairmount Ave, Ste 306 <hr/> <div style="display: flex; justify-content: space-between;"> <div>City Towson</div> <div>State MD</div> <div>Zip Code 21286</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Name of Employer</div> <div>Occupation</div> </div> <hr/> Purpose of Disbursement (including title(s) of communication(s)) TV Ad Placement (VOTE)				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 1 0</div> </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">204666.00</div> <hr/> Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0</div> </div> <hr/> <b>Transaction ID :</b> F93.000001							
Name of Federal Candidate Bruce Braley				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: IA District: 01		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
F94.000002				Name of Federal Candidate Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate				Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
<b>B.</b> Full Name (Last, First, Middle Initial) of Payee McCarthy Marcus Hennings <hr/> Mailing Address of Payee 1850 M Street NW, Ste 235 <hr/> <div style="display: flex; justify-content: space-between;"> <div>City Washington</div> <div>State DC</div> <div>Zip Code 20036</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Name of Employer</div> <div>Occupation</div> </div> <hr/> Purpose of Disbursement (including title(s) of communication(s)) TV Ad Production (VOTE)				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0</div> </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10900.00</div> <hr/> Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0</div> </div> <hr/> <b>Transaction ID :</b> F93.000002							
Name of Federal Candidate Bruce Braley				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: IA District: 01		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
F94.000004				Name of Federal Candidate Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate				Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
<div style="display: flex; justify-content: space-between;"> <div> <b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....    <b>TOTAL</b> This Period (last page this line number only) .....            (carry total from last page to line 10)         </div> <div style="border: 1px solid black; padding: 5px; text-align: right; width: 200px;">           215566.00         </div> </div>											